

Worcestershire Health and Care NHS Trust

Community-based mental health services for older people

Quality Report

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Locations inspected

Name of CQC registered location	Location ID	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
Trust headquarters	R1AZ3	Bromsgrove and Redditch CMHT	B61 0BB
Trust headquarters	R1AZ3	Evesham CMHT	WR11 1JT
Trust headquarters	R1AZ3	Malvern CMHT	WR141JE
Trust headquarters	R1AZ3	Wyre Forest CMHT	DY11 6RJ
Trust headquarters	R1AZ3	Worcester CMHT	WR4 9PA

This report describes our judgement of the quality of care provided within this core service by Worcestershire Health and Care NHS Trust. Where relevant we provide detail of each location or area of service visited.

Summary of findings

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Worcestershire Health and Care NHS Trust and these are brought together to inform our overall judgement of Worcestershire Health and Care NHS Trust.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for Community-based mental health services for older people

Good 

Are Community-based mental health services for older people safe?

Requires Improvement 

Are Community-based mental health services for older people effective?

Good 

Are Community-based mental health services for older people caring?

Good 

Are Community-based mental health services for older people responsive?

Good 

Are Community-based mental health services for older people well-led?

Good 

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

We rated community services for people with mental health problems as **good** because:

Teams were committed and effective in treating older people with mental health problems. Where integration of mental and physical health aspects of the service had been combined, services were particularly effective, as people's holistic needs could be more readily seen and managed. People using the service showed high levels of satisfaction. Staff showed high levels of motivation, and were well supported and trained.

The mental health team at Warndon clinic in Worcester, by contrast to other teams, showed low morale, telling us they were working in an unsuitable environment without sufficient support. Warndon clinic itself appeared overcrowded and cramped.

Where medications were stored, proper records were not always kept of this medication to ensure it was safely kept and used.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We rated safe as **requires improvement** because:

- We found one team where medication was stored and no on-going record was kept of medications used by community workers. This meant it was not clear what medication was received by the service or what was being taken out by staff authorised to do so.

Although staff were very busy managing caseloads, user feedback was very positive and we saw no evidence of patients being neglected because of any staff shortages. Staff operated safely and concerns, including physical health, were responded to promptly. Risk assessments were made for all people using the service and these were regularly updated. The service had a good safety record with few incidents.

Requires Improvement



Are services effective?

We rated effective as **good** because:

Comprehensive assessments were completed in a timely manner. Urgent cases were prioritised and dealt with promptly. A wide variety of trained and skilled health professionals were available and worked together in an integrated way to address people's mental and physical health needs. The Mental Health Act and The Mental Capacity Act were applied appropriately.

Good



Are services caring?

We rated caring as **good** because:

Staff showed a good understanding of individual needs of people who used the service. They put them at ease and were able to get responses to form judgements in order to successfully meet needs and improve well-being. We had positive responses from people about the services provided.

Good



Are services responsive to people's needs?

We rated responsive as **good** because:

People requiring a service were seen promptly. People using the service were very positive about its promptness and responsiveness. Teams were able to engage with those reluctant to engage with services, and to address both physical and mental health issues. Teams were positive in trying, wherever possible, to ensure people could be treated without needing to be admitted to hospital.

Good



Summary of findings

Are services well-led?

We rated well-led as **good** because:

Teams were well motivated, committed, shared the values of the trust, were committed to improvement. Staff were well trained, well supported and showed high morale. The exception to this was the mental health team in Worcester, where staff we spoke with did not see recent changes as helpful.

Good



Summary of findings

Background to the service

Community-based mental health services for older people

The services are based in teams based at a variety of locations throughout Worcestershire. We looked at the community mental health teams for older people based in:

- Evesham, at Evesham community hospital
- Bromsgrove and Redditch, at New Haven Princess of Wales hospital
- Malvern

- Wyre Forest, including the Early Intervention Dementia service, at Kidderminster hospital
- Worcester, at the Warndon clinic (including the enhanced care team).

These services included long term treatment for people with organic and functional mental health problems, memory assessment clinics, rehabilitation for older people with mental health problems

These services had not previously been inspected by CQC.

Our inspection team

Our Inspection team was led by:

Chair: Dr Ros Tolcher, Chief Executive Harrogate and District NHS Foundation Trust.

Team Leader: Pauline Carpenter, Head of Hospital Inspection, Care Quality Commission.

The team that inspected community services for older people with mental health problems consisted of seven people:

- an expert by experience,
- an inspector,
- two Mental Health Act reviewers,
- a nurse,
- two doctors.

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

During the inspection visit, the inspection team:

- Visited community services for people with mental health problems based at five locations
- Spoke with 12 people who were using the service

- Spoke with the managers of five teams
- Spoke with 26 other staff members; including doctors, nurses and student nurses.
- Attended and observed one hand-over meeting and two multi-disciplinary meetings and two team meetings.
- We went out, with consent, on eight visits with staff to see people who used the service in their own homes.

We also:

- Looked at 12 treatment records of patients.
- Looked at a range of policies, procedures and other documents relating to the running of the service

Summary of findings

What people who use the provider's services say

We had very positive responses from people using the service. In Evesham people talked about the service being a 'life saver' and really appreciated the caring and

involved approach of staff. People told us staff were prompt, extremely helpful, kind and considerate and in some cases, the crucial factor in people maintaining their well-being.

Good practice

We saw good integration of physical and mental health work to the benefit of people using the service. We noted this particularly in the Evesham team.

The Early Intervention and Dementia team won the NHS innovation challenge prize for dementia.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

- The trust must ensure that there is an accurate record of all medicine. One team held medication securely for nurses to take out to use in the community when required but could not produce a record of medicine received or taken out. The service could not account for medicine it had currently in stock or if medicines had been used appropriately.

- The trust should address the low morale and concerns expressed by some mental health staff at Warndon clinic, Worcester. Their concerns centred on accessibility, cramped and crowded nature of the building, the use of two sites and the availability of records.

Worcestershire Health and Care NHS Trust

Community-based mental health services for older people

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Bromsgrove and Redditch CMHT	Trust headquarters
Evesham CMHT	Trust headquarters
Malvern CMHT	Trust headquarters
Wyre Forest CMHT	Trust headquarters
Worcester CMHT	Trust headquarters

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- Staff were able to discuss and demonstrate a good understanding of the Mental Health Act, the Code of Practice and the guiding principles. There was limited use of Community Treatment Orders in teams we visited, with just one noted in the Wyre Forest team. We saw Community Treatment Orders were being used appropriately in people's best interests and being properly documented.
- People had their rights under the Mental Health Act explained to them at the start of treatment and routinely thereafter.
- Consents to treatment and capacity requirements were adhered to.
- Support and legal advice on implementation of the MHA and its Code of Practice was available from a central team if required. Staff worked well with other mental health professionals from social services and advocacy.

Detailed findings

- People had access to the Independent Mental Health Advocacy (IMHA) services and staff were clear on how to access and support engagement with the IMHA if necessary.
- We had no concerns about the application of Mental Health Act from records we viewed, interactions we observed or feedback we had.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff we accompanied on visits showed a good understanding of mental capacity and best interests decisions. Deprivation of Liberty Safeguards were in place where applicable. Staff were aware of when to raise concerns about mental capacity in residential settings.
- People were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interests, recognising the importance of the person's wishes, feelings, culture and history.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

We rated safe as **requires improvement** because:

- We found one team where medication was stored and no on-going record was kept of medications used by community workers. This meant it was not clear what medication was received by the service or what medication was being taken out by staff authorised to do so.

Although staff were very busy managing caseloads, user feedback was very positive and we saw no evidence of patients being neglected because of any staff shortages. Staff operated safely and concerns, including physical health, were responded to promptly. Risk assessments were made for all people using the service and these were regularly updated. The service had a good safety record with few incidents.

agency or bank staff who were familiar with the service. We saw no evidence of patients being neglected because of any staff shortages. All users of the service we spoke with were full of praise for the promptness and level of support given.

- Where referral for a consultant was required, these took place in a timely manner. There was sufficient health professional support available. We noted the commitment and accessibility of the consultant in the Evesham team.

Assessing and managing risk to patients and staff

- We looked at 12 patient records and saw that staff undertook risk assessments of each patient on initial referral. These were updated regularly.
- Teams responded promptly to any sudden deterioration in people's health. We saw good examples of the successful integration of physical health and mental health. Teams were able to discuss and take appropriate action in cases where mental and physical health needs co-existed.
- Staff monitored medication compliance during visits and monitored side effects. For example, one staff advised a patient to check for bruises as part of their medication regime. Staff also checked social care needs and that arrangements to meet these were in place.
- Staff were trained in safeguarding and knew how to make a safeguarding alert and do this when appropriate. Recordings showed good attention to safeguarding concerns with strategy meetings held were required.
- There were lone working protocols in place to help ensure the safety of workers and staff were aware of these and practiced them. Nevertheless there were inherent risks for the small number of staff operating a 24hour service from one stand-alone building. Staff were aware of safety issues here and of actions to minimise risk. We have raised this issue with the trust.
- Overall, there was good medicines management practice. Most community teams were using the relevant GP practice when medication was regularly required. Prescribing nurses explained the procedures whereby their practice was safe and accountable.

Our findings

Safe environment

- Most of the work carried by the community teams involved home visits. Where patients visited, primarily in respect of memory assessments, the rooms were safe and clean. Where they were likely to be used by patients with dementia the rooms were dementia friendly. We noted Evesham appointment room had quiet, gentle music playing, and 'dementia-friendly' posters on the wall.
- Rooms and entrances were accessible. The exception was Warndon clinic in Worcester. A wheel chair user could only access the small interview room by going through the crowded office. We were told that most appointments and interviews took place at a different location in Worcester.

Safe staffing

- In teams we visited, staff told us they were always busy and that in some teams, worked beyond their allotted times to manage caseloads. Agency workers were used, but managers were keen to stress they used regular

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- We found an area of concern in one team. Medication was stored and no ongoing record was kept of medications used by community workers. Although records were kept in individual files, the manager or responsible clinician had no clear way of knowing what medications had been removed by authorised persons, or why. The manager told us they would take action to remedy this once we pointed it out. We were concerned that they had not been aware of this lack of recording and that it had not been raised by staff operating the system.
- Another team had clear protocols and evidence that all medication used was signed for. Two of a particular medicine were taken out and signed for in case of need for back-up purposes and one was then returned and signed back in or its use accounted for.
- We asked about the procedure for storing and disposing of used sharps and how these were managed effectively. Staff told us they had nowhere to put sharps after use other than the back of their car. The clinical lead explained where sharps are used, how they are safely stored and disposed of. One worker, during our visit, told us they had not been aware of this. The clinical lead told us they made them aware of the procedure following our visit.

Track record on safety

- There were few adverse events in this service. Data did not show any significant trends or areas of concern. Staff and management were able to discuss issues raised and what improvements had been made this included safety to staff and was an ongoing issue.

Reporting incidents and learning from when things go wrong

- Staff told us they were aware of what to report and how to report it. We saw team records showing anonymised incidents and how the team had learnt from them. Records of reflective practice showed that staff discussed relevant issues to see if practice and approaches could be improved.
- One team gave us an example of learning from an incident as a team. Other teams told us that specific learning points were shared throughout teams. Staff told us that reflective practice was an important part of supervision and team meetings. We saw records that showed reflective practice taking place on a regular basis.
- We saw staff being honest and open with patients in explaining issues and were confident they would be equally candid in telling them when things had not gone as intended.
- Overall, staff told us they received support after any serious incident. This could be in the form of de-briefing or reflective practice.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

We rated effective as **good** because:

Comprehensive assessments were completed in a timely manner. Urgent cases were prioritised and dealt with promptly. A wide variety of trained and skilled health professionals were available and worked together in an integrated way to address people's mental and physical health needs. The Mental Health Act and The Mental Capacity Act were applied appropriately.

Our findings

Assessment of needs and planning of care

- Comprehensive assessments were completed in a timely manner. A sampling of care plans showed clear and comprehensive assessments, diagnosis and management plans. People using the service were regularly reviewed with clear consistent recordings. Urgent cases were prioritised and dealt with promptly.
- Care records contained up to date, personalised, holistic, recovery-oriented care plans.
- Information needed to deliver care was stored securely and available to staff when they needed it and in an accessible form. This included when people move between teams. Staff had information available concerning patients they were supporting. We accompanied one health professional who ensured they had the available information on a patient they were seeing for the first time so they were well informed in advance.
- The community mental health team for older people at Worcester was split on two sites. Mental health workers there said this caused problems when notes for a patient were at one site and were needed at the other site. Staff in the Worcester team felt they did not have suitable and accessible storage for records, which were stored in another part of the building, or sometimes on another site when requested by a consultant.

Best practice in treatment and care

- Staff who were nurse prescribers were clear about their training needs and prescribing parameters operating within approved guidelines and practice.
- A wide variety of health professionals were available within the teams to provide expertise in treatment and recovery. Staff at Worcester felt that the use of two sites was a barrier to effective communication. Elsewhere, professional expertise was readily available. We noted, for example, how readily available a consultant at Evesham was and how much this was appreciated by staff and the users of the service.
- Teams offered support for patients where appropriate in such areas as employment, housing and benefits or were able to obtain the necessary advice and support for them.
- Teams were in the process of integrating mental and physical health care support and were able to work together to ensure people had physical health needs met alongside mental health care needs. Some teams were further along the path to integration than others. All teams were able to show examples of how joint working was helping teams to recognise and meet joint physical and mental health needs.
- Rating systems were being used for baseline screening and physical issues such as tissue viability, hydration and nutritional needs.

Skilled staff to deliver care

- Teams had a good mix of staff across relevant disciplines in order to meet patient need. There was input from psychologists, occupational therapists, social workers and pharmacists.
- Staff were effectively inducted, received mandatory training, regular supervision and appraisals and team meetings. A sample of records and data we looked at showed the service monitored training and ensured any highlighted shortfalls were actioned.
- Staff received the necessary specialist training for their role. Training and education needs were identified and discussed at multi-disciplinary meetings. At New Haven, for example, cases were allocated where appropriate to help meet those needs. Staff at other teams shared their expertise. We saw good examples of staff learning from each other.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- We discussed an example where poor performance had been addressed promptly and effectively. Overwhelmingly we saw good positive and supportive team work with staff and management supporting and helping team members develop.

Multi-disciplinary and inter-agency team work

- Regular and effective multi-disciplinary meetings took place, attended by a wide range of professionals to review cases. These were well-led and concentrated on best meeting patient need.
- We saw effective handovers taking place within teams from early to late shifts. The physical care team at Worcester gave a clear and concise handover of key issues to staff seeing patients later in the day which included any mental health issues to the mental health team. In Evesham, where the mental health and physical health team were more fully integrated, the handover involved both teams and lasted an hour. The manager there acknowledged later that this was a lengthy portion of the day and they were looking at ways to make it more concise, without losing any of the information.
- We saw good links with other external teams. We saw evidence of flexible working with adults' services were patients where supported by the team most relevant to their individual need rather than services being strictly defined by age limits. Throughout mental health services were working with physical response teams. This integration was more advanced in some teams than in others.
- In the teams we visited, mental health and physical health were in the process of being integrated. This was working well in most teams, particularly in Evesham and Malvern. A worker in the Malvern team told us, "It's helpful having physical health care and mental health in the same office." We saw examples of how this integration had supported effective working.
- The service had flexible arrangements with local authorities to enable social workers to work closely with teams. Teams worked well with other trusts and we saw evidence of work with voluntary services, such as Age UK and the Alzheimer's Society. The guiding principle for

working with other services was to support people effectively and reduce the need for hospital admission. Teams told us they were now working more effectively with primary services, such as local GPs.

Adherence to the MHA and the MHA Code of Practice

- Staff were able to discuss and demonstrate a good understanding of the Mental Health Act, the Code of Practice and the guiding principles. There was limited use of Community Treatment Orders (CTO's) in teams we visited with just one noted. We saw CTO's were being used appropriately, in people's best interests and properly documented.
- Patients had their rights under the Mental Health Act explained to them at the start of treatment and routinely thereafter.
- Consents to treatment and capacity requirements were adhered to.
- Support and legal advice on implementation of the MHA and its Code of Practice was available from a central team if required. Staff worked well with other mental health professionals from social services and advocacy.
- Patients had access to the Independent Mental Health Advocacy (IMHA) services and staff were clear on how to access and support engagement with the IMHA if necessary.
- We had no concerns about the application of Mental Health Act from records we viewed, interactions we observed or feedback we had.

Good practice in applying the MCA

- Staff we accompanied on visits showed a good understanding of mental capacity and best interests decisions. Deprivation of Liberty Safeguards were in place where applicable. Staff were aware of when to raise concerns about mental capacity in residential settings.

Patients were supported to make decisions where appropriate and when they lacked capacity, decisions were made in their best interests, recognising the importance of the person's wishes, feelings, culture and history.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary of findings

We rated caring as **good** because:

Staff showed a good understanding of individual needs of people who used the service. They put them at ease and were able to get responses to form judgements in order to successfully meet needs and improve well-being. We had positive responses from people about the services provided.

Our findings

Kindness, dignity, respect and compassion

- Health professionals interviewed people who used the service in calm, understanding way, putting them at ease. They were able to get responses to form judgements in order to successfully meet needs and improve well-being. They were able to give appropriate practical and emotional support.
- We had overwhelmingly positive responses from people about the service provided. Responses to the Evesham and Malvern teams were particularly positive. We had, for example a very positive response from a person who showed the value of the integrated service. “(After numerous physical and mental health problems) I was at rock bottom until this team became involved.”

- On visits, staff listened to people’s wishes and feelings but also challenged them where appropriate, in order to help recovery.
- Staff were clear about the need to maintain confidentiality.
- Records were stored securely.

The involvement of people in the care they receive

- Staff explained treatments, such as medication changes, together with the reasons, the benefits and any potential risks or side effects. Patients were able to ask questions and challenge areas of their treatment and get positive and sensitive responses. Health professionals summed up and clarified discussions so that patients who used the service were clear, at that point in time, about their treatment, its likely effects and benefits.
- Care notes showed the involvement of relatives and carers throughout treatment.
- There was access to advocacy for patients who used the service. Staff informed patients who they could contact and were able to provide further information on this.
- Patients were able to give feedback on the care they receive through surveys or community meetings. ‘Service user experience’ surveys enabled individual opinions and general views to be collected.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary of findings

We rated responsive as **good** because:

People requiring a service were seen promptly. People using the service were very positive about its promptness and responsiveness. Teams were able to engage with those reluctant to engage with services, and to address both physical and mental health issues. Teams were positive in trying, wherever possible, to ensure people could be treated without needing to be admitted to hospital.

Our findings

Access, discharge and transfer

- We saw duty and triage systems in place which ensured people were seen promptly. Urgent referrals were seen within 24 hours. Non urgent referrals were seen within acceptable time limits. We saw examples of health professionals responding promptly to urgent referrals. People who used the service were very positive about the responsiveness of the service.
- Teams were clear on who the service was for. Services were by referral and assessment and the majority of referrals came from acute or primary medical services. There were clear protocols in place in the early intervention team to distinguish their role.
- The integrated teams were able to take active steps to engage with patients who found it difficult or were reluctant to engage with mental health services. Where patients were already known to the service for physical health issues, the service was able to support mental health issues they were otherwise reluctant to have addressed. The same applied where patients with mental health concerns might also have been reluctant to highlight, or be unaware of, physical health issues. We were given an example of a person who had previously stopped taking a medication they required for physical health needs because their mental health deteriorated. This resulted in hospital admissions. Since being integrated the team were able to monitor their mental health and ensure they remained well enough to

maintain their physical well-being. Some mental health workers expressed concerns about being inappropriately used and subsequently 'de-skilled' by the over emphasis on physical health care.

- Teams followed up concerns where patients had not arrived for appointments. These would be followed up by home-based contacts. The majority of contacts were home-based.
- Where there were appointments, these were by agreement. Health professionals were sensitive to people's needs in arranging appointments.
- Teams were aware of limits on beds, especially for patients with dementia. One health professional told us that "occasionally they may have to place a patient out of county." They felt this was outweighed by the benefit in concentrating on treating patients in non-hospital environments wherever possible. This was a major aim of the teams – to avoid unnecessary hospital admissions. Nevertheless, one health professional was aware of consideration of a small specialist dementia inpatient unit to meet countywide needs.

The facilities promote recovery, dignity and confidentiality

- In most instances patients were seen in their own homes. Where people attended memory clinics these were clean, well-maintained and 'dementia-friendly'.
- Interview rooms were sufficiently sound proofed to ensure privacy. There was information available on conditions, treatments, services and patient rights. We were impressed by a consultant's discreet thoughtfulness in ensuring a plain envelope was available for a patient and carer to take away some information on dementia to maintain confidentiality.

Meeting the needs of all people who use the service

- Facilities were on ground level to make them accessible for wheelchair users. However, we noted wheelchair access to a room at the Warndon clinic in Worcester required them going via the busy office. Staff told us it was rare for patients to come to the office; they were usually visited at home.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

- We only saw information leaflets available in English. Staff and demographic information told us that the overwhelming majority of users of the service were English speakers. Staff told us interpreters and/or signers could be made available if required.

Listening to and learning from concerns and complaints

- Teams showed responsiveness in responding to individual needs. We were told by one person using the service how they requested a change because they did not 'get on' with one person and it was promptly responded to. The person said "they were very responsive to me when I informed them. It is now a lot better."
- Complaints were recorded, investigated and responded to. We saw where there had been reflection and learning from complaints with the aim of improving the service in that area.
- Patients using the service were aware of how to complain and who to approach if required.

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

We rated well-led as **good** because:

Teams were motivated, shared the values of the trust and were committed to improvement. Staff were well trained, well supported and had high morale. The exception to this was the mental health team in Worcester, where staff we spoke with did not see recent changes as helpful.

Our findings

Vision and values

- Team objectives reflected the trust's values and objectives. We saw copies of the trust's visions and values in offices.
- Staff were complimentary about the trust executive team and senior management. Most teams had been visited by the chief executive and staff and managers said their senior managers were supportive and available. In the Worcester mental health team this was not evident.

Good governance

- Staff received mandatory training. Any shortfalls were highlighted and addressed.
- Staff received regular supervision and appraisal. A recently qualified worker in Malvern spoke of good supervision and a very supportive team. They spoke of the benefits of co-working with other professionals. Reflective practice took place regularly.
- Staff maximised their time on direct care activities.
- Safeguarding, MHA and MCA procedures were followed.

Leadership, morale and staff engagement

- Staff were very positive and well-motivated. The exception was the low morale amongst the mental health workers at Worcester, primarily because they were unhappy with the structural changes and environmental issues there.
- Overall, staff were confident they could raise concerns and be critical if they felt this was needed.
- We had good positive responses from staff in most teams concerning their work, their teams and the support they were able to give and receive. One worker at Malvern told us 'this is the best, the most supportive, team I've ever worked in.' in most teams, the message was that the workload was high, but so was morale, and staff felt they were in supportive, well-led teams. Typical was a comment from a worker at Evesham – "busy, but everyone helps out – integration works."
- There was low morale amongst the mental health team at the Wardon clinic in Worcester, who were dissatisfied with the offices they worked in and the fact the work was split between two sites. They felt they were not integrated with the physical care team, although they shared the same office. The physical health care and rehabilitation team, in the same offices, were more positive in their outlook.

Commitment to quality improvement and innovation

- The service showed it was innovative and committed to quality improvement in developing integrated mental and physical community health services. The aim of the service was to help keep people out of hospital when they could be supported and rehabilitated in the community.

We were made aware of involvement in quality improvement. In Redditch, for example, a health professional had researched and co-edited a book on dementia which had been nominated for an award.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA 2008 (Regulated Activities)
Regulations 2010 Management of medicines

Warndon clinic, Worcester community mental health team for older people, could not produce a record of medicines received or taken out from secure medicine storage. The service could not account for what medicines it had in stock or for what medicines had been removed or used. There was no account of medicine being used appropriately or if appropriate amounts of required medications were available when needed.

Regulation 13

The trust must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.